

ITEM No

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

12 JUNE 2007

REPORT OF THE HEAD OF OVERVIEW AND SCRUTINY (NOTTINGHAM CITY COUNCIL)

THE NHS TREATMENT CENTRE AT QUEEN'S MEDICAL CENTRE

1 SUMMARY

This meeting will be attended by representatives of Nottingham University Hospitals Trust, Nations Healthcare and Nottingham City Primary Care Trust. It provides an opportunity for the Committee to be updated on the progress of the development of the NHS Treatment Centre alongside the Queen's Medical Centre Campus.

This report explains who is attending the meeting, outlines some of the issues related to the Treatment Centre which Members may wish to explore and contains information relating to work previously carried out by the Committee on this matter.

2 MATTERS FOR CONSIDERATION

Members are requested to consider the information contained within this report and use it to inform their discussions with the Trusts' representatives.

Members should also consider what comments and recommendations (if any) they wish to make to the Trusts.

3 BACKGROUND INFORMATION

3.1 The Treatment Centre

The NHS Treatment Centre is being developed at the Queen's Medical Centre Campus of Nottingham University Hospitals Trust. It will be run and owned by Nations Healthcare as an NHS facility, treating NHS patients and commissioned by local Primary Care Trusts. It will offer diagnostic tests, outpatient assessments and day treatments in a range of specialities including: gastroenterology, respiratory, cardiology, gynaecology, dermatology and orthopaedics.

- 3.2 Facilities at the Treatment Centre will include X-ray, MRI and CT scans and five day-surgery operating theatres. The Centre is due to open to patients by the end of 2007.
- 3.3 Nations Healthcare is working closely with Nottingham University Hospitals Trust on the development of the Centre. The Centre will be staffed by seconded Trust staff and training and research opportunities will be offered at the centre.

3.4 **Work of the Joint Committee**

In July 2004 the Joint City and County Health Scrutiny Committee published a report on the Proposed NHS Treatment Centre (then known as the Diagnostic and Treatment Centre). This report made a number of recommendations on issues including staffing, training, liaison with social services and transport to and from the centre. The Committee's report is attached as Appendix A in order that Members can understand the background to this item.

- 3.5 The report received a favourable response from the Trusts and work has progressed on the Centre. Today's meeting offers an opportunity for the Committee to bring itself up to date with the development and to ask questions about the changes and benefits the Centre will bring for patients and staff.

3.6 **Today's Meeting**

Today's meeting will be attended by the following Trusts and individuals:

Nations Healthcare

- Mark Morgan, General Manager, Nations Healthcare Nottingham Ltd

Nottingham University Hospitals Trust

- Dr Peter Homa, Chief Executive
- Julia Hickling, Director of Strategy
- Cath Lovatt, Director of Communications and Marketing
- Tom Symonds, Project Manager, Treatment Centre

Nottingham City Primary Care Trust

Nottinghamshire County Teaching Primary Care Trust

- 3.7 The Committee may wish to invite Mr Morgan and Dr Homa to introduce this item by updating the Committee on the development of the Treatment Centre and what impact the Centre might have on Nottingham University Hospitals Trust. Members could also invite the PCTs to briefly explain the implications of the Centre for commissioners.

3.8 Following the introductions, Members may wish to ask questions about the Centre. Possible areas of questioning might include the following (if they have not been covered in introductory discussions):

- What impact might the Treatment Centre have on
 - patients?
 - staff?
 - commissioning?
 - hospital finances?
 - partners such as social services?
- What sort of contract will commissioners hold with Nations?
- What governance arrangements are in place for the Treatment Centre?
- How have patients and staff been engaged in the development and planning of the Centre?
- What arrangements are in place for the transportation of patients to and from the Centre and what efforts have been made to make the Centre as accessible as possible to all communities?
- What arrangements are in place should an emergency medical situation arise within the Centre?
- What pathways do you envisage Treatment Centre patients will follow?
- What follow up care will patients receive?
- What arrangements are in place for research and training?
- What contractual arrangements are in place for seconded staff?

4 SUPPORTING INFORMATION

Appendix A Report of the Joint Nottingham City Council and Nottinghamshire County Council Health Scrutiny Committee on the Proposed Diagnostic and Treatment Centre on the Queen's Medical Centre Campus (July 2004)

5 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING EXEMPT OR CONFIDENTIAL INFORMATION

None

6 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Report of the Joint Nottingham City Council and Nottinghamshire County Council Health Scrutiny Committee on the Proposed Diagnostic and Treatment Centre on the Queen's Medical Centre Campus (July 2004)

<http://www.nationshealthcare.com/treatment/nottingham/>

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22 May 2007



REPORT OF THE
JOINT NOTTINGHAM CITY COUNCIL/NOTTINGHAMSHIRE COUNTY
COUNCIL HEALTH SCRUTINY COMMITTEE
JULY 2004

**PROPOSED DIAGNOSTIC AND TREATMENT CENTRE ON THE QUEEN'S
MEDICAL CENTRE CAMPUS – RECOMMENDATIONS TO RUSHCLIFFE
PRIMARY CARE TRUST BOARD**

Acknowledgements

The Committee would like to thank Rushcliffe Primary Care Trust and the Queen's Medical Centre for their assistance in the scrutiny of the proposed Diagnostic and Treatment Centre. In particular the Committee would wish to thank the Lead Commissioner, Martin Hughes for his input throughout the course of the review.

The Committee has been extremely pleased with the level of co-operation it has received from the local health community and the speediness of responses to requests. This should serve as a model to be followed in future health reviews.

Aim of the Scrutiny Review Exercise

At the outset of the review it was agreed:

“To review the service implications for patients of the proposed new Diagnostic and Treatment Centre (DTC) on the Queen's Medical Centre campus.”

Objectives

The following five objectives were agreed:

- 1 To examine the focus of the DTC by considering the proposed range of services to be undertaken.
- 2 To examine the impact of the transfer of services to the DTC, especially in respect of the accident and emergency service, and the chronically ill, at the Queen's Medical Centre.
- 3 To consider the governance arrangements for the DTC to provide local accountability.
- 4 To consider the impact of the DTC on health inequalities.
- 5 To consider transport and access issues in respect of the DTC.

Overall Conclusions

The Joint Committee is generally supportive of the proposed DTC and expects that it will lead to an improved health care service in Nottinghamshire. It should lead to patients having certain operations and receiving treatments quicker than at present. It will be both an increase in capacity as well as a redesign of existing service provision. However it is of great importance that the achievement of this improved service should not be at the expense of existing services and staff provision.

It is also to be expected that the DTC will assist in reducing health inequalities in the Greater Nottingham area and, in particular, help tackle the glaring inequalities which exist in some of Nottingham's most deprived wards. The establishment of the DTC should also lead to 'knock on' benefits in the QMC. For example, the extra space created should lead to improved casualty facilities, and the transfer of children's services from the City Hospital should lead to a high quality, fully integrated facility to treat children.

Summary of Recommendations

The following report contains 14 recommendations:

- 1 The Committee recommends that the number of services transferred to the DTC during the five-year period of the contract are kept at a manageable level.
- 2 It is recommended that within national guidelines and agreements, all transferring NHS staff are employed at the DTC on the most favourable conditions possible.
- 3 The Committee will request the attendance of the Chief Executives of Gedling and Newark & Sherwood PCTs at a future meeting of the Joint Health Committee to give a presentation on the "Route Map" for health services in

Greater Nottingham.

- 4 The Committee recommends that further detailed work is carried out with Social Services to determine the impact and agree solutions, and that the Committee scrutinises progress in this area in six months time.
- 5 In the interests of cohesion, it is recommended that the DTC is fully integrated with the existing public scrutiny arrangements involving local authority overview and scrutiny committees, and patient and public involvement forums.
- 6 It is further recommended that the successful bidder for the DTC contract works closely with the Commission for Patient and Public Involvement to ensure that the appropriate Public and Patient Involvement Forums and the Patient Advice and Liaison Service are fully integrated.
- 7 This Committee requests that it receives regular monitoring and evaluation reports on the outcomes of the DTC.
- 8 Access to DTC services should be freely available to all who can benefit from them in the locality.
- 9 The Committee requires more information about the long-term plans for the DTC once the initial five-year contract is completed.
- 10 It is recommended that the appropriate amount of disabled parking spaces is provided at the various park and ride sites that will be serving the QMC and the DTC.
- 11 It is recommended that the DTC building is designed with the facility to link directly to a tram stop if the proposed Beeston/Chilwell tram extension is eventually built.
- 12 It is recommended that patients eligible for transport provision to and from the DTC should be taken directly to their home rather than be transported with several other patients.
- 13 If the DTC contract leads to a better patient transportation policy than is currently available within the NHS, then the same standards should be adopted by other NHS facilities across the city and county.
- 14 It is recommended that a response to this report from Rushcliffe PCT is considered by the Joint City/County Health Select Committee at its September meeting.

Cllr Jim Napier Chair of the Joint Health Select Committee

Cllr Gill Haymes Vice Chair of the Joint Health Select Committee

FINAL REPORT

Objective 1 – Proposed Range of Services

The Committee has been shown the revised list of services to be provided by the DTC as of June 2004. It is interesting to note that a number of services have been trimmed from the original proposal; this would appear to be a positive step as it reflects a desire to create a DTC with a manageable set of functions that can be delivered. Clearly including a bigger range of services would not only require a much larger building to be built but also significantly increase the level of risk to the project. It would also mean more staff and one of the key requirements for the success of this project is that the provider is able to recruit sufficient staff from overseas with the appropriate qualifications. The Committee believes that for a project of this magnitude it is best to proceed with a degree of caution.

Recommendation 1

The Committee recommends that the number of services transferred to the DTC during the five-year period of the contract are kept at a manageable level.

The issue of staff transferring from the QMC to the DTC has been discussed as well as the employment of ancillary staff. The Committee appreciates that the employment situation is complex and issues such as the application of TUPE are currently being considered at a national level. However, as the DTC contract is for an initial five years, the Committee would suggest that if possible all ancillary staff are employed on NHS terms and conditions.

Recommendation 2

It is recommended that within national guidelines and agreements, all transferring NHS staff are employed at the DTC on the most favourable conditions possible.
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Objective 2 – Impact on the Transfer of Services to the DTC

It has been helpful to meet with representatives from various health bodies to discuss the impact of the transfer of services to the DTC.

For the QMC, the establishment of the DTC should bring additional benefits to patients. The transfer of services from the QMC will have the advantage of creating additional space but the disadvantage of reducing its budget as the commissioning PCTs will be transferring funds to the DTC contract. Clearly the main priority for the QMC will be to ensure that it draws in sufficient new services to balance its books. The transfer of children's services from the City Hospital will be a significant step although bringing the services together should be better from a clinical perspective. Obviously for some patients it will mean further to travel so this will need to be addressed by the proposed transport improvements.

From the patient perspective, any improvements that can be made to casualty facilities as a result of the additional space will be very welcome as patients regularly comment on waiting times being too long.

Now that the initial range of services to be included in the DTC is virtually complete, it should enable other health bodies to develop their services. The City Hospital has its Strategic Outline Case in the pipeline so the establishment of the DTC will enable both the QMC and City Hospitals to define their services and develop them accordingly for the future. Similarly the new alignment of services should enable the PCTs to develop more local services through schemes such as LIFT. It should mean, for example, that proposals can be brought forward to develop the Ling's Bar Hospital at Gamston.

It is important to the Committee that although health service arrangements in the Greater Nottingham area will be complex, they must appear seamless to the public, and be complementary to each other.

Recommendation 3

The Committee will request the attendance of the Chief Executives of Gedling and Newark & Sherwood PCTs at a future meeting of the Joint Health Committee to give a presentation on the "Route Map" for health services in Greater Nottingham.

City and County Social Services Departments have indicated to the Committee that there will be an impact on them as a result of the DTC being established. However, the precise details have yet to be defined. It will be important for these Social Services Departments to work closely with the successful DTC contract winner over the coming months to find solutions for any issues which arise.

Recommendation 4

The Committee recommends that further detailed work is carried out with Social Services to determine the impact and agree solutions, and that the Committee scrutinises progress in this area in six months time.

Objective 3 – Governance Arrangements

The Committee is pleased with the developments that have taken place to date over the governance arrangements for the DTC. At the outset of the project, it appeared that the DTC would be outside of direct accountability arrangements and the Committee would need to liaise with Rushcliffe PCT as the commissioning body. Clearly it is better for the DTC to fit with existing accountability arrangements so that the Joint Health Scrutiny Committee can raise issues directly with the Board and seek a response within 28 days.

Recommendation 5

In the interests of cohesion, it is recommended that the DTC is fully integrated with the existing public scrutiny arrangements involving local authority overview and scrutiny committees, and patient and public involvement forums.

Recommendation 6

It is further recommended that the successful bidder for the DTC contract works closely with the Commission for Patient and Public Involvement to ensure that the appropriate Public and Patient Involvement Forums and the Patient Advice and Liaison Service are fully integrated.

Responsibility will also fall on PCTs to ensure that their patients are taking up the appropriate number of DTC places. It will be important to see that the DTC is receiving the contracted number of patients as PCTs will be required to guarantee a five-year contract to the successful provider and so the cost of failing to refer enough patients would be met by PCTs. Proper referral protocols will be essential to prevent the inappropriate referral of patients.

Recommendation 7

This Committee requests that it receives regular monitoring and evaluation reports on the outcomes of the DTC.

Objective 4 – Impact on Health Inequalities

As explained in the overall conclusions , the Committee is keen to see health inequalities being tackled especially as there are high levels of inequalities in several City wards.

The key to the success of using the DTC to help reduce health inequalities will be at the point of referral. It is important that people have access to General Practitioners so that they are referred when appropriate. If their condition can be treated by the DTC, then it should be one of the options as part of Patient Choice.

Recommendation 8

Access to DTC services should be freely available to all who can benefit from them in the locality.

Once the DTC is operational, it will be important to monitor the take up of places at the DTC by residents in Wards with high levels of health inequalities. It is suggested that a research project should be established, as part of the contract, prior to the opening of the DTC so that the impact on health inequalities can be assessed, especially in regard to Wards with high levels of multi-deprivation.

It is clear that addressing health inequalities will be a long-term issue, much longer than the five years of the initial contract.

Recommendation 9

The Committee requires more information about the long-term plans for the DTC once the initial five-year contract is completed.

Objective 5 – Transport and Access Issues

The Committee is encouraged that the steps being taken in regard to access to the DTC will be beneficial to patients.

The operating pattern of the DTC should spread transportation issues over the day and evening so that there is less likelihood of there being arrival and departure hotspots. As patients do not stay overnight, there will be no need for visiting arrangements. The main requirement will be to deliver and collect patients, and it is noted that 180 new car park spaces will be provided alongside a new road layout. It will be important to ensure that sufficient disabled parking spaces are provided.

Recommendation 10

It is recommended that the appropriate amount of disabled parking spaces is provided at the various park and ride sites that will be serving the QMC and the DTC.

It will be expected that a substantial amount of journeys will be made by public transport and it will be important that the current public transport links serve both the QMC and the DTC. This will be particularly important to transport users from the conurbation.

The DTC will be operational well in advance of the proposed new NET line. Although no decision to finance the new NET line to Beeston and Chilwell has yet been taken, it would be a sensible measure to build the DTC with easy access to a proposed NET stop in case the project gets the go ahead.

Recommendation 11

It is recommended that the DTC building is designed with the facility to link directly to a tram stop if the proposed Beeston/Chilwell tram extension is eventually built.

Transport problems will arise with people travelling from further afield, especially older people. The Committee very much welcomes the proposal to discuss transport arrangements at the time of referral. It would be helpful to offer transport, such as a taxi, ambulance or community transport, to those who meet the criteria as this will resolve a potentially stressful issue. The Committee also suggests that people should be transported direct from home to the DTC whenever possible. If more than one patient is taken in a taxi, the DTC should seek to ensure that patients are in the same area as sometimes it can mean the last person to be dropped off spends a long time travelling whilst others are being taken home.

Recommendation 12

It is recommended that patients eligible for transport provision to and from the DTC should be taken directly to their home rather than be transported with several other patients.

The Committee expects the contract to provide the funds for a high quality patient transport system. If it offers a better service than the QMC provides, it will be important to bring the QMC's transport policy up to the same standard.

Recommendation 13

If the DTC contract leads to a better patient transportation policy than is currently available within the NHS, then the same standards should be adopted by other NHS facilities across the city and county.

Next Steps

The Joint Committee requests a response to this report from Rushcliffe PCT within 28 days as set out in Department of Health Guidance.

Recommendation 14

It is recommended that a response to this report from Rushcliffe PCT is considered by the Joint City/County Health Select Committee at its September meeting.